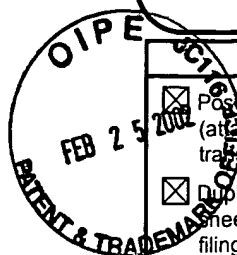


TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	09/214,009	
	Filing Date	5/7/1999	
	First Named Inventor	Beekman et al.	
	Group Art Unit	1641	
	Examiner Name	S. Devi, Ph.D.	
		Attorney Docket Number	2183-3898US

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ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Postcard receipt acknowledgment (attached to the front of this transmittal) <input checked="" type="checkbox"/> Duplicate copy of this transmittal sheet in the event that additional filing fees are required under 37 C.F.R. § 1.16 <input type="checkbox"/> Preliminary Amendment <input type="checkbox"/> Response to Restriction Requirement/Election of Species Requirement dated <input checked="" type="checkbox"/> Amendment in response to office action dated October 23, 2001 <input type="checkbox"/> Amendment under 37 C.F.R. § 1.116 in response to final office action dated <input type="checkbox"/> Additional claims fee - Check No. in the amount of \$ <input type="checkbox"/> Letter to Chief Draftsman and copy of FIGS. with changes made in red <input type="checkbox"/> Transmittal of Formal Drawings <input type="checkbox"/> Formal Drawings (sheets)	<input type="checkbox"/> Information Disclosure Statement, PTO/SB/08A (08-00); <input type="checkbox"/> copy of cited references <input type="checkbox"/> Supplemental Information Disclosure Statement; PTO/SB/08A (08-00); copy of cited references and Check No. in the amount of \$180.00 <input type="checkbox"/> Associate Power of Attorney <input checked="" type="checkbox"/> Petition for Extension of Time and Check No. 1917 in the amount of \$55.00 <input type="checkbox"/> Petition <input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Terminal Disclaimer <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Appendix A, Appendix B, Appendix C
Remarks The Commissioner is authorized to charge any additional fees required but not submitted with any document or request requiring fee payment under 37 C.F.R. §§ 1.16 and 1.17 to Deposit Account 20-1469 during pendency of this application.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Krista Weber Powell Registration No. 47,867
Signature	<i>Krista Weber Powell</i>
Date	February 25, 2002

CERTIFICATE OF MAILING
Express Mail Label Number: <u>EL740548474US</u>
Date of Deposit: <u>February 25, 2002</u>
Person Making Deposit: <u>Olena Howell</u>